



FALLEN HEROES



SATURDAY, APRIL 25, 2015

AT THE KILLEEN COMMUNITY CENTER

Entry Fee	On or before April 22, 2015 at 5:00 P.M.: \$20.00 ; Online Registration will CLOSE TUESDAY, April 21st On race day, April 25th, 2015: \$25.00 No registration will be accepted Thursday or Friday, April 23-24, 2015 A t-shirt will be given to all registered participants.
Packet Pick-up/Check-In	Race packets MUST be picked up on FRIDAY, APRIL 24th , by 10:00pm at the <i>Killeen Community Center, 2201 E. Veterans Memorial Blvd.</i> Left over packets will be available at 7:00am on race day at the <i>Killeen Community Center</i> . Refreshments will be available after the race.
Course: Start & Finish	See map below for course directions. Race begins at the <i>Killeen Community Center</i> at 8:00 am
Awards	Awards will be given to overall male and female winners, and top three finishers in each age group as follows: (Male & Female) 0-11, 12-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & Older

KILLEEN
PARKS & RECREATION

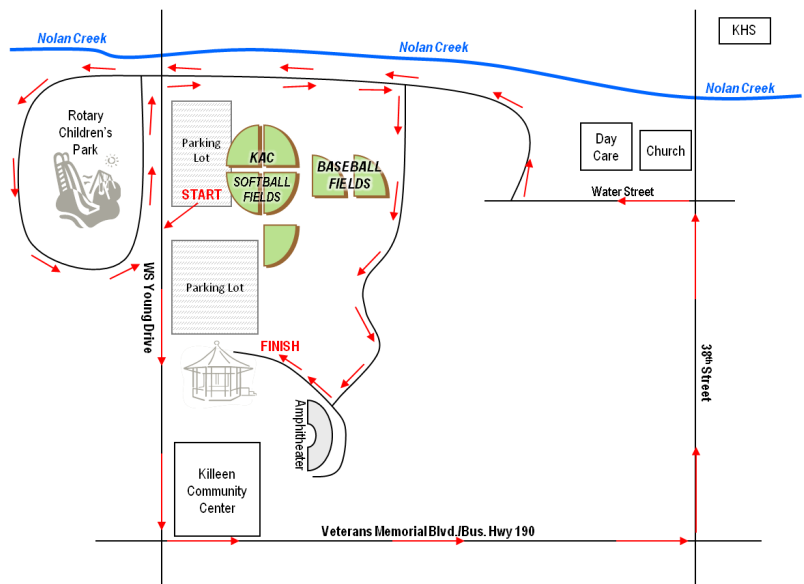
Carlson Law Firm

CEN-TEX Race Series

Make checks payable to:
City of Killeen

****All checks MUST have a driver's license number to be processed****

Mail entry form & payment to:
Killeen Parks & Recreation
ATTN: Fallen Heroes 5K
2201 E. Veterans Memorial Blvd.
Killeen, Texas 76543



----- Fallen Heroes 5K Entry Form -----

Name: _____ Age on Race Day: _____ Date of Birth: _____ CIRCLE ONE: Male Female
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Alt. Phone: _____ Email: _____

CIRCLE SHIRT SIZE: Youth Large (14-16) Adult Small Adult Medium Adult Large Adult XLarge Adult XXLarge

In consideration for the acceptance of my entry, I and my heirs, executors, administrators, and assignees, do hereby release the City of Killeen, Food Care Center, Killeen Noon Lions, Pro-Fit Event Services, its employees, officers, volunteers, agents and other activity sponsors from any and all claims, damages of every type, cause of action, costs attorney fees, and interest which now exists or hereafter, arising out of or related to acts or omissions of myself or the City of Killeen during my participation in the **Turkey Trot 5K**. I attest and verify that I have full knowledge of the risks involved in this event and that I am physically and sufficiently trained to safely participate in the event. I have read and fully understand the content and meaning of this statement.

Signature of Participant: _____ Date: _____

Signature of parent/guardian (if under 18 years of age): _____

----- FOR OFFICE USE ONLY -----

Method of Payment: _____ Receipt #: _____ Date Received: _____ Staff Initials: _____